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Division	of Health Service Re	egulation				YKOVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ((X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(XX) DATE SURVEY COMPLETED		
			- Concomo			
		HAL058005	8. WING	W WINDS	01/2	8/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP GODE		
CHESTN	UT HILL OF HIGHLAN	HIGHLAN	OUSE TRA DS, NC 287			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	D 86	(X5) GOMPLETE DATE
C 000	Initial Comments		C 000			
	Harrell on 1-28-201		C 166	cylinders were stored in an un- approved beverage crate and in		
	3-26-1997, for 26 re must meet the 1996 of the 2005 Rules for Homes, and the 199	is facility was first licensed on esidents. Therefore the facility and the applicable portions or the Licensing of Adult Care 66 North Carolina State		the locked med prep room on the ground floor.		
5.450		Institutional Occupancy,		APS (Lincare Oxygen) was called on 1/28/16 and they have		3/3/16
C 166	SECTION .0300 - P	stained Free of Hazards	C 166	removed the beverage crate and cardboard delivery contained	rs,	
	10A NCAC 13F .030 FURNISHINGS	06 HOUSEKEEPING AND		They have supplied us with a met for storage.	tai rack	
	orderly manner, free hazards;	s anall; h an uncluttered, clean and of all obstructions and apply to new and existing		C185 a.) In the first quarter of 20 There was no fire rehearsal during the second shift.	95	
	facilities.			b.) In the 3rd quarter of 2015	,	
,	This Rule is not me Based on Observati	on, the building was not		there was no fire rehearsal d during the 2 nd shift.	lone	
	handling portable me could affect all resid	manner by not properly edical oxygen cylinders. This ents, staff and visitors if ng their valves, propelling the	,	January 4, 2016 a fire drill sel was established and printed o	00.4	
	cylinder and turning Findings include:	it into a dangerous projectile.		yearly calendar and given to a Maintenance Director. The	the	
;	stored in an unappro	dical oxygen cylinders were eved beverage crate and in		Administrator has a schedule in her office to monitor that a	August man	
	cardboard delivery o room on the ground	ontainers in the med prep floor.		shift as well as a binder with a	danh .	1/4/16
C 185	Fire Safety-Rehears	als on Each Shift	C 185	logged for review.		
	SECTION .0300 - PI	HYSICAL PLANT				
vision of He	alth Service Regulation					

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Division	of Health Service Re	rgulation			FORMAPPROVE
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL056005	8. WING		01/28/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY,	STATE, ZIP CODE	U I I ZUIZUIG
CHESTN	UT HILL OF HIGHLAN	HIGHLAI	HOUSE TRA		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	C189	PROVIDER'S PLAN OF CORRECTION 1. a.) One side of the smoke barrier	COMPLETE
C 189	10A NCAC 13F .030 EVACUATION (b) There shall be in quarterly on each el requirement of the li Enforcement Officia (c) Records of rehe and copies furnishes social services annuinclude the date and shift, staff members description of what the (f) This Rule is not me Based on review of the rehearsals are not be least one per shift estrehearsal done during the later of t	chearsals of the fire plan nift in accordance with the local Fire Prevention Code it. arsals shall be maintained it to the county department of tally. The records shall it time of the rehearsals, the present, and a short he rehearsal involved, pply to new and existing it as evidenced by: documents, fire drill eing done regularly with at ach quarter. Failure to a could lead to confusion and hergency. of this year, there was no if this year.	C 185	a.) One side of the smoke barrier near apartment 1202 would not it when closed. Our Maintenance Director took apart to repair. He was unable to properly. He called Gibson Lock 8 they were able to repair. The doc and latches in order to contain first smoke. b.) One side of the smoke barrier on the ground floor would not late closed. Our Maintenance Director was ab Repair the ground floor smoke ba Doors on 1/29/16. When Gibson and Key came on 3/1/16 he looke at this door to make sure it was latching properly to contain fire as smoke and confirmed it was good c.) There was a gap of about ¼ included a smoke and confirmed it was good the ground floor when closed. Our Maintenance Director installe trim piece permitting the door to close securely without a gap. Gibson Lock and Key also checked this door to confirm a proper fit or 3/1/16.	the door repair k Key and or now closer e and 3/1/16 doors ch when le to rrier Lock ed 1/29/16 nd ch on
	(k) This Rule shall a facilities with the exce which shall not apply	oply to new and existing option of Paragraph (e) to existing facilities.			
vision of Hea	alth Service Regulation				
		•	··· Y6	CL21	f continuation sheet 2 of 4

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Division	of Health Service Re	gulation		. 7/2		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			A. GOILDITTO	**		
		HAL058005	B. WING		01/20	3/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
		64 CLUBH	IOUSE TRA	IL.		
CHESTN	UT HILL OF HIGHLAN	HIGHLANI	DS, NC 287	41		
(X4) IÓ		TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX	REGULATORY OR L	MUST SE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP		DATE
1740				DEFICIENCY		
C 189	Continued From pa	ge 2	C 189			'
•			C189	2.		
	This Bulletin is not an	-t ddd b		a). The 1 hour fire rated		
	This Rule is not me	vation, the facility was not		ceilings were compromised		
		e manner because of smoke		due to 4, 5"x8" openings made (
		ing well or not latching closed	İ	the sprinkler heads for repair in	arouna	
	in order to contain a	moke and fire. This could		the ground floor AC condenser or	i	
		and staff by not containing		the ground floor AC condenser al	rea.	
		e fire compartment of origin.		The first balantana have	1	1
	Findings include:			The 5x8 holes have been replace	d with	
		smoke barrier doors near		The same one hour fire rated gy	psum	
		uld not latch when closed, smoke barrier doors on the		And sealed with one hour fire bl		3/3/16
14		not latch when closed.		caulking to maintain the integrit	y i	
		of about 1/4 inch between the		of the one hour fire resistance in	ated	,
		s on the ground floor when		ceiling ,		
	closed.	-			. i	
				b.) Ceiling damaged of the exter	rios	
		vation the required one-hour		porch near the laundry.	107	
		or ceilings were compromised. Holes and penetrations that				
		materials approved for use in		Attempted to see leading		- 1
		construction present the		Attempted to repair the small are	ea	1
		that begins in one space can		that had water damage but found	d	i
		her areas of the facility.		the area above had more water of	Jamage,	
	Findings include:			Plan is to replace the existing ceil	ling	
./		ately 5 inches by 8 inches, cut		with HardiPlank siding Picking u	p Hardie	
		prinkler heads for repair in the		Planks 3/7/16 and will begin wor	rk i	
1.4	ground floor AC cor	densor area. I of the exterior porch near the		as soon as the Permit is approved	4.	
.,	laundry.	2 or the taxterior porch mar the		Sent application for a permit on 3	3/4/16	
grant !		outcheon was missing or not		Permit office said they pull the ne	ext in	
	tightly fitted to the c	eiling complete the one-hour		order. Hoping the permit will be	ready	
		closet.off the AL Dining room.		to pick up on Monday 3/7. The io	b	3/13/16
				should be completed in 1 to 2 day	/9.	
١,		vation, a corridor door was		Once the HardiePlank is installed	we will	
		sing quickly to resist the		Seal the area above with concrete	Ave Will	
		smoke. Corridor doors that stely and latch present the		sealer to prevent this from happen	Elmer	
		that begins in one space can		again.	ning	- 1
	pessionity triat a fire	that begins in one space can		-g-m	-	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: HALO58005		(X1) PROVIDER/SUPPLIER/GLIA	(X3) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		8. WING		01/28/2016		
	PROVIDER OR SUPPLIER UT HILL OF HIGHLAN	64 CLUB	oresë, gity, 8' HOUSE TRAIL IDS, NC 2874			
(X4) ID PREFIX TAG	(RACH DEFICIENCY	TÉMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL 8C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	GOMPLETE DATE	
C 189	of the facility. Finding includes: The corridor door to	ige 3 he corridor and the remainder o a storage closet on the ald open with a mechanical	C 189	c.) The sprinkler escutcheon was missing or not tightly fitted to the celling to complete the one-hour protection in the AC closet off the AL Dining Room. The sprinkler escutcheon		
C 191	SECTION .0300 - F		G 191	was sealed with one-hour fireblock caulking on 1/28/16.	1/28/16	
	maintain 75 degree winter design cond following shall appliances. (2) Unvented fuel portable electric he (k) This Rule shall facilities with the expense of the conditions of the conditions with the expense of the conditions with the expense of the conditions with the expense of the conditions of the conditions with the expense of the conditions with the expense of the conditions of the	a heating system sufficient to as F (24 degrees C) under itions. In addition, the y to heaters and cooking burning room heaters and saters are prohibited. apply to new and existing sception of Paragraph (e) by to existing facilities.		C189 3. Corridor door was prevented from closing quickly to resist the passage of fire and smoke. The corridor door to a storage closet on the ground floor was held open with a mechanical Kick-down.		
	This Rule is not m Based on observat to the prohibition of Portable electric he hazard and as suc	et as evidenced by: ion the facility failed to adhere f portable electric heaters. eaters are a potential fire n could effect all occupants of		The mechanical kick-down was removed to allow for the door to swing shut and lock. C191	1/28/16	
	the facility. Finding includes: There was a portat Activity office.	ple electric heater in use in the		Unvented fuel burning Room heaters and portable electric heaters are prohibited. Findings: There was a portable electric heater in use in the Activity office.	1/28/1	
	ealth Service Regulation			The portable heater was removed from the Activity office and banned from the building.		

Y6CL21